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Profit Corporation Annual Report

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000050786 (8)

ARCHITECTOLOGY, INC.

Principal Place of Business

3481 NE 20TH AVE 3481 NE 20TH AVE FT LAUDERDALE FL 33306 FT LAUDERDALE FL 33308-1025 3. Date Incorporated or Qualified 3a. Date of Last Report 06/13/1996 2. Principal Place of Business 26. Mailing Address 4. FEI Number Applied For 65-0675250 26 Not Applicable Suite Apl #. etc Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zio Zφ This corporation has liability for in angible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KANCZYNSKI, THIERRY 3481 NE 20TH AVE Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33306 83 84 City Zip Code 11. Pursuant to the provisors of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Segmentary by contributed for contregistered agent and title dispiticable (NOTE. Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 12 13. Change Addition TIFLE DELETE 1.1 TITLE KAWCZYNSKI, THIERRY NAME 12 NAME 3481 NE 20TH AVE 1.3 STREET ADDRESS STREET AUGRESS FT LAUDERDALE FL 33306 CITY-ST 1.4 CITY - ST - ZIP Change DELETE Addition 2.1 TITLE TITLE NAME 2.2 NAME 2 3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY - ST Addition DELETE 3.1 TITLE Chance MILE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST Z Change Addition DELETE 4 1 TITLE 1 TLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP 0:TY-51-2iP DELETE Change Addition THEF 51 TIFLE NAMé 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - \$1 - 712 5.4 CITY-ST-ZIP DELETE Addition 61 TITLE Change TITLE

62 NAME

14. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

address.

6.3 STREET ADDRESS

6 4 CITY - ST - ZIP

information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted enpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

appears in Block 12 or Block 1

NAME

STREET ADDRESS

CITY - 5T- ZIF

TURE AND TYPE OF PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

Feb. 15,1997 (954)563-2999

FILED

Feb 20 1997 8:00am

Secretary of State